

**AUTHORIZATION AGREEMENT FOR  
AUTOMATIC BANK DRAFT (DEBIT)**



**LEWISVILLE**

Deep Roots. Broad Wings. Bright Future.

Finance Department

**Service Address:**

\_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**Water Acct Number:**

\_\_\_\_\_

**Cell Phone Number:**

\_\_\_\_\_

I (We) hereby authorize The City of Lewisville to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) \_\_\_\_\_ Checking \_\_\_\_\_ Savings account (select one) indicated below and the depository name below, herein after called **DEPOSITORY**, to credit and/or debit the same to such account.

**YOUR BANK NAME  
(DEPOSITORY):** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TRANSIT/ABA (ROUTING NUMBER):** \_\_\_\_\_

**BANK ACCOUNT NUMBER:** \_\_\_\_\_

**\*\* OUR DEBIT WILL APPEAR ON YOUR BANK ACCT AS: GENERAL CONSOLIDATED**

This authority is to remain in full force and effect until The City of Lewisville has received written notification from me (or either of us) of its termination in such time and in such manner as to afford The City of Lewisville and the **DEPOSITORY** a reasonable opportunity to act on it.

**NAME ON BANK ACCOUNT (Please Print):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**A VOIDED CHECK MUST BE INCLUDED FOR VERIFICATION**